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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

montenegro plastering, llc

Certificate of Status	0
Certified Copy	1
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(3)

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Montenegro Plastering, LLC.

Article II - Address:

The mailing address and street address of the principle office of the Limited Liability Company is:

Principal Office Address:

17660 NW 73 AV #207
Hialeah, FL 33015

Mailing Address:

17660 NW 73 AV #207
Hialeah, FL 33015

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Maximo Ernesto Turbides

Name

17660 NW 73 AVE #207

Florida street address (P.O. Box NOT acceptable)

Hialeah, FL 33015

City, State, and Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature

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ARTICLE IV - Management / Member(s):
The name(s) and address(es) of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Maximo Ernesto Turbides
17660 NW 73 AV #207
Hialeah, FL 33015

MGR

ALBERTO D. MONTENEGRO
11201 SW 55 STREET LOT 0-15
MICAMAR, FL 33025

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes,
the execution of this document constitutes an affirmation under
the penalties of perjury that the facts stated herein are true.)

MAXIMO E. TURBIDES
Typed or printed name of signer

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